

Duplicate

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

Application or Docket Number
101587835

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|----------------------------------|---------------|--------------------------|
| U.S. NATIONAL STAGE FEES | | |
| BASIC FEE | | |
| EXAMINATION FEE | | |
| SEARCH FEE | | |
| FEE FOR EXTRA SPEC. PGS. | minus 100 = | / 50 = |
| TOTAL CHARGEABLE CLAIMS | 26 minus 20 = | * 6 |
| INDEPENDENT CLAIMS | 7 minus 3 = | * 4 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | <input type="checkbox"/> |

* If the difference in column 1 is less than zero, enter "0" in column 2

| SMALL ENTITY TYPE | OR | OTHER THAN SMALL ENTITY |
|-------------------------------------|------------|-------------------------|
| <input checked="" type="checkbox"/> | | |
| RATE | OR | RATE |
| 150 | BASIC FEE | |
| 100 | EXAM. FEE | |
| 200 | SEARCH FEE | |
| X \$ 125 = | | X \$ 250 = |
| X \$ 25 = | OR | X \$ 50 = |
| 150 | OR | X \$ 200 = |
| 400 | OR | + \$ 360 = |
| + \$ 180 = | | |
| TOTAL | OR | TOTAL |

CLAIMS AS AMENDED - PART II

| | (Column 1) | (Column 2) | (Column 3) |
|-------------|--|------------|---|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| | Total | * Minus | ** = |
| | Independent | * Minus | *** = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | <input type="checkbox"/> |

| SMALL ENTITY | OR | OTHER THAN SMALL ENTITY |
|-------------------------------------|------------|-------------------------|
| <input checked="" type="checkbox"/> | | |
| RATE | OR | RATE |
| ADDITIONAL FEE | OR | ADDITIONAL FEE |
| X \$ 25 = | X \$ 50 = | |
| X \$ 100 = | X \$ 200 = | |
| + \$ 180 = | + \$ 360 = | |
| TOTAL ADDIT. FFF | OR | TOTAL ADDIT. FFF |

| | (Column 1) | (Column 2) | (Column 3) |
|-------------|--|------------|---|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| | Total | * Minus | ** = |
| | Independent | * Minus | *** = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | <input type="checkbox"/> |

| ADDITIONAL FEE | OR | ADDITIONAL FEE |
|---------------------|------------|---------------------|
| RATE | OR | RATE |
| 25 = | X \$ 50 = | |
| X \$ 100 = | X \$ 200 = | |
| + \$ 180 = | + \$ 360 = | |
| TOTAL ADDIT. FFF | OR | TOTAL ADDIT. FFF |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE Is less than '20', enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE Is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.